

# CHILD AND YOUTH SERVICES (CYS) PROGRAM REGISTRATION WORKSHEET

For use of this form, see AR 608-10; the proponent agency is ODCSPER



## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**Authority:** Title 10, United States Code, section 3012.  
**Principal Purpose (s):** To Provide child and family program eligibility and background information; sponsor consent for access to emergency medical care; data required by USDA food program.  
**Routine uses:** Information is provided to the attending physician when it is necessary for a child to be taken to medical facility by someone other than the parent. Information on immunizations and medical problems will be used for program-admission-screening-procedures. Family income data will be use to determine USDA food program qualification and rate structures.  
**Disclosure:** Disclosure of requested information is voluntary. However, if information is not provided, individuals may not be allowed to participate in Child and Youth Services (CYS) programs.

Initial: ☐ Renewal: ☐ Program Start Date:

## SPONSOR INFORMATION

SPONSOR NAME (Last, First, MI):		SSN:	RANK / GRADE: BRANCH OF SERVICE:	DUTY / WORK STATUS:
HOME ADDRESS (Street, City, State, Zip Code):		HOME PHONE NUMBER:		ACTIVE <input type="checkbox"/>
On Post / Off Post (Check One): <input type="checkbox"/> <input type="checkbox"/> E-MAIL ADDRESS:				ACTIVE RESERVE <input type="checkbox"/>
DUTY / WORK ADDRESS (Street, City, State, Zip Code):		WORK PHONE NUMBER:		DOD CIVILIAN <input type="checkbox"/>
				RETIRED <input type="checkbox"/>
				OTHER <input type="checkbox"/>

## SPOUSE INFORMATION

SPOUSE NAME (Last, First, MI):		SSN:
DUTY / WORK ADDRESS (Street, City, State, Zip Code):		WORK PHONE NUMBER: CEL. PHONE NUMBER:
DUTY / WORK STATUS: (Check one): ACTIVE <input type="checkbox"/> ACTIVE RESERVE <input type="checkbox"/> DOD CIVILIAN <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RETIRED <input type="checkbox"/> STUDENT FULL-TIME, PART TIME <input type="checkbox"/> PRIVATE INDUSTRY <input type="checkbox"/> OTHER <input type="checkbox"/>		

## CHILD INFORMATION

CHILD NAME	DOB	SSN	GENDER	SCHOOL	GRADE

## AUTHORIZED EMERGENCY CONTACT AND RELEASE DESIGNEES:

NAME (Last, First, MI)	HOME PHONE	CEL. PHONE	WORK PHONE

## CHECK LIST OF ITEMS TO BRING TO REGISTER

- ☐ Present ID card.
- ☐ Present Child(rens) Social Security Card.
- ☐ Provide a copy of Leave and Earning Statement (LES) for Sponsor and Spouse (if applicable) or a copy P.R. or Federal Tax return.
- ☐ Provide a copy of the Birth Certificates.
- ☐ Provide a copy of the military orders.
- ☐ Current Immunization Records and Health Assessment (From Birth to Pre-K).
- ☐ Current Sports Physical/Medical Statement for Youth Sport Registration.
- ☐ Registration fee of \$18.00 per child; \$40.00 per family house hold ( 3 children or more).

## ITEMS TO FILL OUT DURING REGISTRATION PROCEDURE

- ☐ DD FORM 2652; Application for DOD Child Care Fees.
- ☐ USDA Food Program (SOFB-DCA-CY Form 9103).
- ☐ Special Needs Assessment Tool.
- ☐ CYS Sponsor/Program Contract Agreement; Sign and Date (Original Signed copy must go to the center the Child(ren) is attending).

Signature of Parent/Guardian: _____	DATE: _____	Signature of CYS Representative: _____	DATE: _____